



SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS



Office of the Medical Examiner
In the County of Dallas
State of Texas

AFFIDAVIT

This affidavit is in compliance with Texas Rules of Criminal Evidence, Rule 902(10b).

Case No. IFS-13-14155 in the matter of

Dyer, Graham Edward, deceased.

Before me, the undersigned authority, personally appeared Janice Braggs, who being duly sworn, deposed as follows:

My name is Janice Braggs. I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the Deputy Custodian of Records of the Dallas County Medical Examiner's Office. Attached hereto are 6 pages of records and XX photographs from the Dallas County Medical Examiner's Office. These said 6 pages of records and XX photographs are kept by the Dallas County Medical Examiner's Office in the regular course of business, and it was the regular course of business of the Dallas County Medical Examiner's Office for an employee or representative, or a doctor permitted to practice in the Dallas County Medical Examiner's Office, with personal knowledge of the act, event, condition, opinion or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

Janice Braggs

SWORN TO AND SUBSCRIBED before me on November 05, 2013

Ruennette J. Ellis

Notary Public in and for Dallas County, Texas
My commission expires



(By statute, the original records are retained by the Dallas County Medical Examiner's Office. See Art. 49.25, Sec. 11, Vernon's Texas Statutes, CCP.)



SOUTHWESTERN
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Office of the Medical Examiner

Autopsy Report



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Case: IFS-13-14155 - ME

Decedent: Dyer, Graham Edward 18 years White Male DOB: 08/20/1994

Date of Death: 08/14/2013 (Actual)

Time of Death: 11:00 PM (Actual)

Examination Performed: 08/17/2013 07:00 AM

ORGAN WEIGHTS:

Brain: 1,460 g	Right Lung *	Right Kidney: *
Heart: *	Left Lung: *	Left Kidney: *
Liver: *	Spleen: *	

*Absent

EXTERNAL EXAMINATION

The body is identified by toe tag. Photographs and fingerprints are taken.

When first viewed, the body is nude. There is no jewelry.

The body is that of a thin, white male whose appearance is compatible with the stated age of 18 years. The body, when nude, weighs 102 pounds and is 64 inches long (status post organ harvest). There is good preservation in the absence of embalming. The body is cold, rigor is fully-developed, and there is well-developed, fixed, posterior lividity.

The scalp hair is long, straight, and brown. There is no beard or mustache. An average amount of body hair is in a normal distribution. The irides are gray, the corneae are clear, and there are no petechiae of the bulbar or palpebral surfaces of the conjunctivae. The ears, nose, and lips are unremarkable. The teeth are natural and in good condition. The neck is unremarkable. The chest is symmetrical, and the abdomen is flat and unremarkable. The external genitalia, anus, and perineum are unremarkable. The penis is circumcised and the testicles are descended into the scrotum. The extremities are well-developed and symmetrical. The back is unremarkable.

IDENTIFYING MARKS AND SCARS

A small tattoo is on the right inguinal region, and a small tattoo reading "EST.1994" is on the medial right ankle.

EVIDENCE OF THERAPY

Endotracheal and orogastric tubes are in the mouth. Vascular access lines are in the left side of the neck, right supraclavicular region, right antecubital fossa, right forearm and left forearm. A 3 inch sutured incision is on the left inguinal region. A Foley catheter is in the urethra.

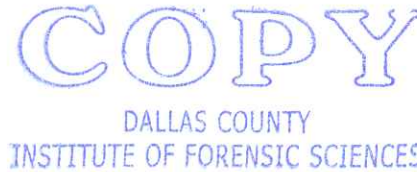


Accredited by The National Association of Medical Examiners

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EVIDENCE OF ORGAN/TISSUE PROCUREMENT

A 19 inch sutured incision extends from the manubrium to the pubic symphysis. The sternum has been vertically bisected. The heart, lungs, liver, pancreas, spleen, adrenal glands, kidneys, and abdominal aorta are absent due to prior harvesting.

EVIDENCE OF INJURY

I. Blunt force injuries of the head:

A ½ inch thin, linear abrasion is on the upper midline of the forehead, and a stellate ¼ inch superficial laceration is on the midline of the forehead. A ½ inch sutured laceration is on the lateral angle of the left eyebrow, and there is patchy, faint ecchymosis of the lateral upper and left eyelids. Patchy purple contusion is on the lower lip bilaterally and extending into the inner oral mucosa. A ¾ x 5/8 inch dry, red abrasion is on the left side of the chin. A ¾ inch abrasion surrounded by 1-¼ inch faint red contusion is on the left side of the forehead. Two thin linear abrasions, measuring 1 inch and 1-½ inches are on the left frontal scalp, extending into the hairline.

Reflection of the scalp reveals extensive confluent deep soft tissue hemorrhage and subgaleal hemorrhage bilaterally. The right and left temporalis muscles show patchy hemorrhage.

There are no fractures of the calvarium or the base of the skull.

There are no epidural hemorrhages. A subdural hematoma overlies the left cerebral hemisphere, measuring approximately ¼ inch in thickness and approximately 20 cc in total volume. In addition, a small amount of subdural hemorrhage is over the lateral and inferior aspects of the left temporal lobe. There is diffuse multifocal subarachnoid hemorrhage over the right and left cerebral hemispheres.

The brain is saved for formalin fixation. After fixation, the brain and dura mater are examined by the UT Southwestern Dept. of Neuropathology (the results of the consultation are incorporated into this report). Examination of the dura reveals a thin film of minimally adherent blood on the undersurface of the cerebral dura bilaterally. External examination of the brain, coronal sections of the cerebral hemispheres, mid- and parasagittal sections of the cerebellum, and cross sections of the brainstem reveal generalized flattening of cerebral cortical gyri and obliteration of sulci, a dusky discoloration of the gray matter of the cerebral hemispheres and cerebellum, patchy obliteration of the gray/white junction, slight linear hemorrhage in the midline of the pontine tegmentum, and prominence of the cerebellar tonsils, with hemorrhagic discoloration and softening. Also noted is bilateral symmetrical prominence of the unci. No contusions are identified grossly.

II. Blunt force injuries of the trunk:

Patchy faint purple ecchymosis is on the right and left sides of the neck, and are most likely related to vascular access lines. There are patchy, dry, red abrasions on the right and left shoulder and right and left sides of the back. A 2-½ inch area of yellow-purple contusion is on the right side of the chest above the right nipple, and a cluster of purple and red contusions in a 3 x 2 inch area is over the left nipple. Several small red and yellow abrasions are on the lower back.

There is no evidence of injury to any internal organs of the thoracic or abdominal cavities. There are no reports of



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abnormal collections of fluid prior to organ harvest. There is no evidence of rib, pelvis, or vertebral body fractures.

III. Blunt force injuries of the trunk:

A diffuse area of purple and yellow faint ecchymosis involves the right shoulder and right upper arm. A 5 x 3 inch area of prominent red ecchymosis is on the right elbow and extending onto the right forearm, containing multiple, thin, linear, red abrasions. Scattered punctate, dry, red abrasions are on the dorsal surfaces of the right hand and right fingers. Three pairs of faint red, horizontally-oriented, linear marks extend across the dorsal surface of the right wrist and onto the right hand. Each of these pairs of thin linear marks is separated by approximately 1/4 inch.

Patchy red abrasions are on the left shoulder and left upper arm. Two thin, linear, dry red abrasions are on the anterior left arm, above the left antecubital fossa. A 4 x 3 inch area of diffuse red ecchymosis involves the left elbow and left forearm. Several prominent pairs of thin, linear, horizontally-oriented restraint marks are on the medial left wrist. Each of the pairs contains a central 3/16 inch area of pallor.

A 5 x 3 inch area of red ecchymosis is over the right knee. Scattered within this area, are multiple dry red abrasions ranging from 1/8 inch to 3/4 inch. Several additional dry red abrasions are on the anterior right lower leg. A 4-1/2 x 2 inch area of prominent purple and red ecchymosis is on the lower anterior right leg, above the ankle. Centered within this region is a dry red 1 inch abrasion. A 1 inch area of purple ecchymosis is on the medial right ankle, and a 3 inch area of dark red ecchymosis is on the posteromedial right ankle, extending onto the right sole.

A 5 x 4 inch area of prominent red ecchymosis is over the knee. Centered within this area, are two prominent dry red abrasions, measuring 1-3/8 x 1/2 inch and 1-1/2 x 1 inch. Several areas of purple and red ecchymosis are on the anterior medial and lateral surfaces of the left ankle. Centered within the anterior area of ecchymosis, is a pair of thin linear marks that are horizontally-oriented and separated by approximately 1/8 inch of sparing.

SPECIAL PROCEDURES

The testicles are removed and show no evidence of hemorrhage. The skin of the wrists is reflected to reveal extensive hemorrhage and partial pulpification of the underlying soft tissue and musculature related to the restraint marks observed externally. The soles of the feet are dissected to reveal no evidence of trauma. An anterior neck dissection is performed and reveals patchy hemorrhage of the sternocleidomastoid muscles bilaterally. This hemorrhage appears to be related to therapeutic intervention.

EVIDENCE SUBMITTED

The following items are collected, sealed within appropriately-labeled containers, and submitted to the Criminal Investigation Laboratory:

- Blood standard
- Hair standard
- Fingernail clippings.

INTERNAL EXAMINATION

BODY CAVITIES: The majority of the organs are absent due to organ harvesting. The right and left pleural cavities



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contain a small amount of serosanguineous fluid. There is no evidence of significant adhesions.

HEAD: See EVIDENCE OF INJURY.

NECK: The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed.

CARDIOVASCULAR SYSTEM: The intimal surface of the thoracic aorta is free of significant atherosclerosis. The heart is unavailable for examination.

RESPIRATORY SYSTEM: See EVIDENCE OF ORGAN/TISSUE PROCUREMENT.

HEPATOBIILIARY SYSTEM: See EVIDENCE OF ORGAN/TISSUE PROCUREMENT.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains a trace amount of tan fluid. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are unremarkable externally. The appendix is present. The pancreas has been previously harvested.

GENITOURINARY SYSTEM: See EVIDENCE OF ORGAN/TISSUE PROCUREMENT. The urinary bladder contains approximately 30 mL of clear yellow urine. The mucosa is tan with patchy areas of mucosal hemorrhage. The prostate gland is unremarkable externally and on sectioning.

ENDOCRINE SYSTEM: The thyroid gland is unremarkable externally and on sectioning. The adrenal glands are not available for examination.

LYMPHORETICULAR SYSTEM: See EVIDENCE OF ORGAN/TISSUE PROCUREMENT.

MUSCULOSKELETAL SYSTEM: The clavicles, ribs, pelvis, and vertebral column have no fractures. The diaphragm is fragmented due to organ harvesting.

MICROSCOPIC EXAMINATION:

Brain: Sections of the dura show a thin layer of subdural blood with minimal organizational change. Sections of the cerebellar tonsils show hemorrhage and necrosis of the parenchyma and focal subarachnoid hemorrhage. A section of pons shows focal midline parenchymal hemorrhage (Duret hemorrhage). Sections of the hippocampi, frontal border zone, basal ganglia, midbrain, medulla, splenium, and corpus callosum show no significant histopathologic abnormalities.

TOXICOLOGY:

Evidence Submitted:

The following items were received by the Laboratory from the Office of the Medical Examiner:

- 008-010: Antemortem blood - purple top tube
- 008-011: Antemortem blood - purple top tube
- 009: Biohazard Bag
- 009-001: subdural



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Antemortem blood

Acid/Neutral Screen (GC/MS)
phenytoin detected (008-010)

Alcohols/Acetone (GC)
0.003 g/100mL acetone (008-010)

Alkaline Screen (GC/MS)
negative (008-011)

Marihuana/Cannabinoids (LC/MS)
quantity not sufficient

subdural

Acid/Neutral Quantitation (GC/MS)
17 mg/L phenytoin (009-001)

Acid/Neutral Screen (GC/MS)
results reported in reflex assays

Alcohols/Acetone (GC)
negative (009-001)

Alkaline Screen (GC/MS)
lidocaine detected (009-001)

Marihuana/Cannabinoids (LC/MS)
9 ng/mL carboxytetrahydrocannabinol (009-001)



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FINDINGS:

1. Craniocerebral trauma:
 - a. Abrasions and lacerations of the face and scalp.
 - b. Diffuse deep soft tissue hemorrhage of the scalp.
 - c. Bilateral subdural hemorrhage (left greater than right).
 - d. Bilateral subarachnoid hemorrhage.
 - e. Global hypoxic ischemic injury.
 - f. Cerebellar tonsillar herniation.
 - g. Duret hemorrhage.
2. Multiple abrasions and contusions of the trunk and extremities.
3. Restraint-type injuries of the wrists and ankles.
4. Toxicology noncontributory.
5. History that the decedent was witnessed to act erratically after taking drugs. The decedent was subsequently taken into custody and restrained, and was witnessed to sustain multiple self-inflicted injuries of the head.
6. Check temperature on admission.

CONCLUSIONS:

Based on the case history and autopsy findings, it is my opinion that Graham Edward Dyer, an 18-year-old white male, died as a result of craniocerebral trauma.

MANNER OF DEATH: Accident

A handwritten signature in black ink, appearing to read "Reade Quinton".

11/01/2013

Reade Quinton, M.D.
Medical Examiner

